

Rutherford County County Clerk 319 North Maple Street Suite 121 Murfreesboro, TN 37130

## **APPLICATION FOR** BUSINESS TAX LICENSE

## **Application Fee \$15.00**

Date .	
Receipt #	
Rusiness #	

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING. FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL COUNTY CLERK OR DESIGNATED CITY OFFICIAL. Fiscal Year 1. INDICATE THE CLASSIFICATION IN WHICH YOU ARE REGISTERING. CLASSIFICATION IS DETERMINED BY THE DOMINANT BUSINESS ACTIVITY. INDICATE ONLY ONE CLASSIFICATION. **Ending Month** Classification 1A Classification 1C Classification 1E Classification 3 Classification 5 ☐ Classification 1D Classification 2 Classification 4 Minimal Activity License (Under \$10,000 Annual Fross Receipts) Classification 1B 2. REASON FOR APPLYING: 3. DATE BUSINESS BEGAN IN TENNESSEE AT THIS LOCATION: 3. Purchase of existing business 1. New business 2. Additional location 5. BUSINESS MAILING ADDRESS 4. BUSINESS NAME AND EXACT LOCATION BUSINESS NAME NAME (ENTER LEGAL NAME, IF DIFFERENT) P.O. BOX, STREET, ROUTE, OR HIGHWAY STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR ROUTE NUMBER) APARTMENT OR SUITE NUMBER (DO NOT USE P.O. BOX NUMBER OR ROUTE NUMBER) APARTMENT OR SUITE NUMBER CITY STATE ZIP CODE CITY STATE ZIP CODE 8. CONTACT PERSON'S NAME 7. BUSINESS TELEPHONE NUMBER 6. COUNTY IN WHICH BUSINESS IS LOCATED IS BUSINESS LOCATED INSIDE A TENNESSEE CITY? CONTACT EMAIL ADDRESS **BUSINESS FAX NUMBER** (If Yes, Name of City) ☐ APPLIED FOR 9. ENTER ENTITY'S FEDERAL EMPLOYER'S IDENTIFICATION # ■ NOT REQUIRED ☐ APPLIED FOR 10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION ■ NOT REQUIRED 11. TYPE OF OWNERSHIP (SELECT ONE) 12. TN SECRETARY OF STATE ID #, IF APPLICABLE \_\_\_\_\_ JOINT (COUPLE) **INDIVIDUAL CORPORATION - SUB S** GEN PARTNER SHIP CORPORATION LLP 13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD: 14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS (SEE INSTRUCTIONS) HOME TELEPHONE # ☐ SOCIAL SECURITY # (1) NAME OWNER'S FEDERAL EIN HOME ADDRESS (DO NOT USE P.O. BOX #) CITY STATE ZIP CODE ☐ Officer ☐ Partner Owner - Individual ☐ Owner - Company ☐ Shareholder ■ Member ☐ SOCIAL SECURITY # OWNER'S FEDERAL EIN (2) NAME HOME TELEPHONE # HOME ADDRESS (DO NOT USE P.O. BOX #) ZIP CODE CITY STATE ☐ Member ☐ Officer ☐ Partner Owner - Individual ☐ Owner - Company ☐ Shareholder 15. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. FOR OFFICIAL USE ONLY (THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL OWNER, A PARTNER, OR AN OFFICER OF THE CORPORATION. THE SIGNATORY MUST ALSO BE LISTED IN ITEM 14.) SIGN HERE: \_ TITLE DATE